Department of Justice

STATEMENT

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CONCERNING

"FIGHTING METH IN AMERICA'S HEARTLAND: ASSESSING THE IMPACT ON LOCAL LAW ENFORCEMENT AND CHILD WELFARE AGENCIES"

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Chairman Souder, Ranking Member Cummings, and distinguished members of the Subcommittee, it is an honor to appear before you today to discuss the plight of drug endangered children in our nation and what we can all do to assist these victims whose lives are devastated by drug use, trafficking, and manufacturing on the part of their parents or "caregivers." I am currently the Executive Assistant U.S. Attorney for the Southern District of California and have prosecuted methamphetamine and precursor chemicals cases for a large number of my 18 years there. But I speak to you today as the Chair of the National Alliance for Drug Endangered Children ("The Alliance"). The Alliance was formed in October 2003 and is a growing organization which promotes public awareness for the problems faced by drug endangered children. The Alliance encourages communities to intervene on behalf of children, and to establish Drug Endangered Children (DEC) multi-disciplinary programs to rescue, defend, shelter and support them. The Alliance sustains a nationwide network of professionals serving drug endangered children by providing referrals to experts, updated research on topics concerning drug endangered children and best practice information.

Since 1999, I have also served as the Director of the National Methamphetamine Chemicals Initiative (NMCI) which was the first federal, state and local law enforcement coalition to encourage on a nationwide basis the participation in DEC teams as a "best practice" for all levels of law enforcement. The NMCI is comprised of hundreds of federal state and local law enforcement, prosecutors, forensic chemists and intelligence analysts. Our goal is to comprehensively attack and ultimately reduce methamphetamine production by denying availability of essential chemicals, precursors and equipment to methamphetamine manufacturers. The NMCI does so by encouraging and facilitating investigation and prosecution of chemical suppliers. The NMCI provides the most current methamphetamine production and chemical trend intelligence to all levels of law enforcement and works to heighten the chemical industry's awareness of the problem of chemical diversion. The NMCI also provides information and training to law enforcement and prosecutors on effective best practices relating to chemicals enforcement and prosecution.

The Plight of Drug Endangered Children

This committee has heard a great deal of testimony about the scope of methamphetamine use and manufacturing in the United States. Drug endangered children are at risk in homes where methamphetamine is manufactured and homes where parents live a "methamphetamine lifestyle." That lifestyle may spiral into dysfunction so great that children emerge as adults only to repeat the generational abuse that they grew up knowing so intimately.

If this were a different venue, I would present to you the many pictures and video clips we have collected of the living conditions found in the "homes" of children where law enforcement officers have uncovered methamphetamine use or manufacturing. Words do not adequately describe the danger of these environments. They are homes where the sheets, if there are any, are never washed. They are homes where children's bedrooms are used to store drugs. They are homes where toxic waste from methamphetamine manufacturing is routinely poured down the bathtub drain or down the kitchen sink. They are homes where the plumbing doesn't work and where the refrigerator is empty or filled with moldy, rotten food. Commonly, the refrigerator, the only reliable shelving in the residence, is used to store chemicals or finished drug products which contaminate

any food stored there. The sinks overflow with dishes, the carpets are stained with the chemical waste from methamphetamine cooks, and 2- liter soda bottles are used to store toxic and caustic chemicals that, when ingested by a child, burn lips and scar the esophagus.

They are also homes where the doorbell rings all day and all night during binge cycles and where a constant stream of strangers, ex-felons, registered sex offenders and poly-drug users come and go to buy and use methamphetamine. The air is filled with second hand smoke that is precipitating out on surfaces throughout the house. Routine urine toxicology screens frequently reveal low levels of methamphetamine in the children found in these environments – signaling a chronic exposure to the byproducts of their parent's methamphetamine lifestyle. The children are often "parentified," and are left to look out for themselves and younger siblings while their parents binge, sleep, and cope with their drug habit. There is, in short, unconscionable neglect in a population of children that is only recently emerging into public view as a public health problem.

All of these children, even those that emerge without serious bodily injury, suffer enormous psychological harm, degradation and lack of nurturing. They grow up in environments rife with domestic violence and where the risk of sexual abuse is far greater than normal environments. They grow up on their own: no one is reading to them at night, no one is making sure that they don't run into the street or fall out of a tree, no one is making sure that they see a pediatrician and that their immunizations are up to date, no one is taking them to the dentist, no one is cooking them nutritious meals. Their parents are poisoning their lives.

Methamphetamine affects the body and particularly the brain in a way that lingers long after ingestion occurs. Studies by NIDA Director Nora Volkow and others have just begun to show that methamphetamine alters brain chemistry for months and years after drug use ceases. The effects on the brain may potentially alter parental behavior and impair ability to parent. Parents in drug treatment may not "recover" in sufficient time to prove competent enough to be reunified with their children.

I cannot point to any study that accurately quantifies the number of children in America endangered by parental drug use or trafficking. Information from the Clandestine Lab Seizure System (CLSS) at the El Paso Intelligence Center, shows that 3,587 children were found in association with clandestine labs reported to EPIC in 2003 and 3,357 children were affected by clandestine labs in 2004. However, we know that these incidents are underreported and that the CLSS gathers only data relating to what law enforcement officers encounter at methamphetamine and other illicit drug labs. On the other side of the coin are the children living in the homes where drug use is fueled by meth manufacturing.

Many counties are now attempting to count the numbers of drug endangered children and to distinguish between children removed from meth labs as opposed to meth lifestyle homes. In San Diego, my home county, DEC teams have taken more than 400 children into protective custody in the past 12 months. Significantly, more than 95 percent of these children came from environments where there was methamphetamine use and trafficking but where manufacturing was not occurring. Approximately one in ten of these children tested positive for methamphetamine and of those the

children ages 0-6 were twice as likely to test positive for methamphetamine than children aged 7-14. An overwhelming majority of these children were flagged for follow-up after being administered a standard child development examination. The same trend is emerging from Butte County, California -- the birthplace of the DEC concept -- where meth labs account for only 5% of the children taken into protective custody. From 1999-2004, DEC teams have responded to over 900 children in Butte County. However, medical personnel report that our national meth lab statistics and individual county statistics do not begin to capture the number of children not identified in police raids or during child welfare visits who have died as a result of accidents or abuse in drug homes, or who have increased health risks and hazards and developmental delays resulting from exposure to drugs in the home. I believe, and represent to you, that the number of children at risk is large.

A Means for Assisting Drug Endangered Children: DEC Teams and Programs

There is a paradigm-shift taking place at the state and local level; confronting the plight of drug endangered children requires multi-jurisdictional perspective and leadership to form DEC Teams. DEC Teams made up of law enforcement, child welfare workers, medical professionals, and prosecutors are the brainchild of Susan Webber-Brown, a District Attorney's Investigator with Butte County. The DEC Team concept was implemented in 1997 in a pilot project in California. The participants are trained to view children found at narcotics crime scenes as crime victims. Typically, when law enforcement executes a warrant, or begins an investigation of a drug crime scene, whether it be manufacturing, trafficking, or personal use, and when a child is found at the scene, a child welfare professional responds to the scene to work in concert with law enforcement. The child welfare professional reviews the crime scene with law enforcement and determines if the child needs to be taken into protective custody. Children deemed at risk benefit from a medical protocol urging a timely medical examination, a urine toxicology screen, a developmental evaluation and other appropriate care.

Drug endangered children are evaluated for placement in a safe environment either with a non-offending parent, family member, or in the foster care system. A prosecutor will determine if criminal child endangerment charges are appropriate and may seek to secure court orders to delay reunification with parents until they are demonstrably drug-free and able to care for their children and may, in some circumstances, petition to terminate parental rights.

While the concept is straightforward and logical, implementation requires leadership and perseverance. Narcotics officers are frequently not trained to prepare child abuse reports and child abuse detectives who are skilled in searching for discreet evidence of child neglect and abuse are rarely called to narcotic crime scenes. In some jurisdictions, the relationships between child welfare services and law enforcement are strained. DEC teams cannot function without a close relationship with the medical community and with pediatricians and emergency room doctors that understand the medical needs of this population. Often, lacking the appropriate reports and medical records, prosecutors overlook the need to file child endangerment charges or lack the training to put together a successful case.

Although the basic structure of a DEC team envisioned by Susan Webber Brown remains the same, the psychologists, child welfare, and drug treatment professionals who participate in the Alliance are teaching us that children need more. We have a rare opportunity: a window of safety is opening, however briefly, in each of the lives of the children that are rescued by the DEC teams. They are victims of crime that suffer from a host of behavioral, emotional and cognitive problems caused by the methamphetamine culture in which they've been immersed. They need timely evaluation of their cognitive development. They may need to be followed long-term as some of the psychological manifestations of being raised in drug environments and exposure to abuse may not surface until months after they are removed from such environments. We should recognize that we have a fleeting chance to break the cycle of abuse: we can aspire to nothing less than ensuring that they don't grow up to use drugs, to drop out of school, or to be arrested.

As recently reported in the New York Times on July 11, 2005, an increased number of children are being referred to foster care and shelters, primarily due to the rise in meth-addicted parents and meth labs. As those children enter foster care, they stress a system that searches for a way to enable the coordinated provision of services. And, as noted in the article, better preparation of the foster parents for the behavioral and medical issues attendant to children exposed to methamphetamine environments is needed.

Implementing DEC Programs in our Nation

States and counties have different resources and different structures and there is no one-size fits all model for implementing a DEC program in a community. In order to begin the process, communities and states need to be armed with information and knowledge. The National DEC Training Program, which is administered through the U.S. Department of Justice and the U.S. Attorney's Office in San Diego, commenced in early 2004. Following receipt of grant funds to hire a National DEC Training Coordinator and to implement the program and provide cost-free training to requesting states, we assembled teams of experts and worked with those experts to design a standardized curriculum. Training teams consisting of law enforcement officers, prosecutors, doctors and nurses, child welfare specialists and psychologists provide instruction on the environments in which children are found and the needed response by law enforcement, child welfare and medical and mental health personnel. Much of the instruction is directed toward the particular harms of methamphetamine since many of the requesting areas choose to develop DEC programs in response to methamphetamine crime waves. The training encourages team building and dialogue between agencies who may not have previously collaborated on children's behalves. Our program is designed to assist those in rural, suburban and urban areas. It also urges communities to recognize that children in homes where heroin, cocaine, marijuana, prescription and synthetic drugs of abuse abound also suffer from abuse and neglect which necessitates intervention and child protection.

National DEC instructors are experts in their various fields and affiliated with the Alliance. They donate their time or have their agencies' encouragement to participate. In 2004, the National DEC Training Program provided comprehensive two day programs for more than 2500 professionals from multiple disciplines in fifteen cities in twelve different states. In addition,

thousands more in the United States and abroad have received DEC awareness lectures from me, Ronald Mullins (our National DEC Training Coordinator), and other members of the Alliance at professional conferences, state methamphetamine summits, and other training events. This year, to date, the two day training has been provided in twelve cities in eight different states to more than 3000 professionals from multiple disciplines. Trainings are scheduled to occur in another seven states over the course of the next five months. We are in the process of designing a train-the-trainers program. As the participation in DEC programs becomes a standard practice for law enforcement, child welfare services, victim-witness units, and public health agencies in communities across the nation, training will become ever more critical.

An Evolving Response to the Problem

DEC programs are flourishing in states which have active statewide alliances or strong regional partnerships. Other states are working hard to implement DEC programs in drug saturated areas. As of last week, 25 states have DEC programs in regional areas or have statewide DEC Alliances dedicated to unifying individual counties' efforts to assist drug endangered children.

The Alliance has developed an inclusive network of professionals from many disciplines dedicated to increasing awareness of the problems faced by drug endangered children. We use every opportunity to speak to physicians, nurses and public health personnel, scientists, researchers, forensic chemists, prosecutors, drug court personnel, substance abuse treatment providers, law enforcement, social workers, community leaders and the public to let them know that these child victims are out there and in need of our help.

We know we need to design our care for these children based on reliable data and research which accurately identifies the harm to children found in drug homes. Dr. John Martyny of the National Jewish Medical and Research Center has conducted ground-breaking research, with the assistance of DEA chemists and law enforcement personnel in three different states, looking at the nature and extent of contamination created by methamphetamine labs during the "cooking" process. Copies of their studies are available on the web at www.nationaldec.org and www.njc.org. The Alliance currently facilitates a project involving Dr. Martny and other researchers who are designing a study to measure the effects and extent of contamination during long term exposure to meth lab sites and to evaluate the different methodologies for decontamination and cleanup of these lab sites.

In 2004, the Alliance formed a Medical and Scientific Research Working Group comprised of pediatricians, psychologists, mental health professionals, scientists, toxicologists, epidemiologists, forensic chemists and researchers. That group delineated the studies that needed to be done to determine the ways in which children are affected by methamphetamine environments and how to construct research projects which would isolate the specific health risks of methamphetamine. The group has also identified the behavioral issues that appear to present in methamphetamine endangered children and is encouraging further investigation of the treatment that developmentally delayed children would need. Most importantly, the working group produced a national protocol for the medical evaluation of children found in drug labs, which has been

adopted by and used in a number of states. (A copy of the protocol is available at www.nationaldec.org). The goal of this working group and the other working groups of the Alliance is to survey the experts and, based on their experience and training, provide guidance and assistance and share information with individual state alliances and community DEC programs so that they do not have to "reinvent the wheel."

This week, in San Diego, California, the Alliance brought together a working group of drug treatment experts to identify the most effective treatment programs for methamphetamine users, and to evaluate and recommend programs which address the treatment needs of families and in particular dependent children. They will also design an awareness program which will be used to notify drug treatment providers of the immediate and sometimes dangerous consequences for dependent children when parents or caregivers relapse.

The Alliance also hosts working groups for Child Welfare professionals and is forming a working group to address Victim-Witness issues. Out of these newly constructed groups we hope to develop plans for increased access to services to help with the long-term physical and psychological needs of drug endangered children.

In June, 2004, the Alliance held a very successful national Drug Endangered Children conference addressing the important medical, psychosocial, scientific, legal, social service and data collection topics concerning drug endangered children. This October, in Washington, D.C., the Alliance will host a second conference designed for the many disciplines involved in DEC programs as well as policy makers and community leaders. The conference will address current problems and challenges facing all disciplines in implementing and sustaining DEC programs and encourage the participation of treatment providers, drug courts and educators in DEC programs.

The Future

Although increasing the strain on already burdened child welfare systems, we know that rescuing children from drug environments is the "right thing to do." You can see it in the eyes of officers and sheriff's deputies who are as proud of the fact that they saved a child as they are with a large drug seizure and a significant arrest. You can see it in the actions of family members and neighbors who contact child protective services or the police because "it's not right" to expose children to drug environments. You can feel it in the urgency with which communities request assistance and training.

I wish to finish this statement with a note of hope. The psychologists and others who have worked with the Alliance and who have treated these children send a clear message. Children are resilient. If given the opportunity and a caring environment, they will thrive. The National Alliance has as one of its goals the hope that as we publicly address this national problem, children will not be tagged as "meth orphans" or "crank babies" as if they are irreversibly damaged. At the very core of every drug endangered children program is the fervent shared belief that by intervening in these children's lives we will break the cycle of drug abuse.